

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE
09 JUL 20 PM 12:39

1. (a) Name of Candidate (in full)

Richard M. Burr

(b) Address (number and street)

Post Office Box 5928

(c) City, State and ZIP Code

Winston-Salem

NC

27113-

☐ Check if address changed

2. Identification Number

S4NC00089

3. Is This
Statement

☒ New
(N)

OR

☐ Amended
(A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

Senate

6. State & District of Candidate

NC 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the

2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

The Richard Burr Committee

(b) Address (number and street)

Post Office Box 5928

(c) City, State and ZIP Code

Winston-Salem

NC

27113-

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2009 Senators Classic Committee

(b) Address (number and street)

228 S. Washington Street

Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314-

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

0.00

for the primary election, and

9B

0.00

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Richard M. Burr

Date

05/12/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

The Richard Burr Victory Committee

(b) Address (number and street)

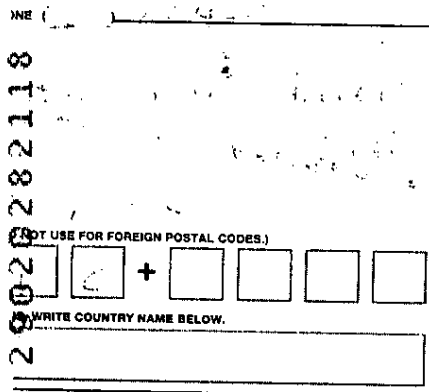
1506 Hillsborough Street

(c) City, State and ZIP Code

Raleigh

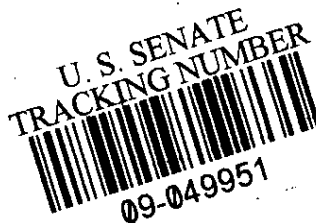
27605

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☐ I understand that the carrier is not required to deliver the mail without my signature and that I will be responsible for the return of the mail if it is not delivered.

RD. YOU ARE MAKING 3 COPIES.

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TO: (PLEASE PRINT)

PHONE

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61128202062

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

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RD

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